

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Michelle Bolibol

CCFFH Address: 94-108 Palai Place Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1) ,(2)	CG#1 showed CTA Compliance Manager the current APS/CAN/Ecrim for CG#1, CG#2, CG#3, HHM#2, and HHM#3. Documents were filed in home binder.	03/02/2020	CG#1 will use an iPhone calendar to schedule reminder of due dates to prevent future lapses.
50.(a)	CG#1 trained CG#2 and CG#3 the Emergency Preparedness Plan. Signed form was filed in home binder.	03/12/2020	In the future, home will train all new caregiver within 7 days of adding them to home

Primary Caregiver's Signature: Michelle Bolibol

Print Name: Michelle Bolibol

Date of Signature: 3/23/2020

Foster Family Home - Corrective Action Report

Provider ID: 1-628745

Home Name: Michelle Bolibol, CNA

Review ID: 1-628745-6

94-108 Palai Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/2/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 4/2/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- Ecrim lapsed for CG#2, HHM#2, and HHM#3 on 8/10/19 and renewed on 10/9/19. APS/CAN lapsed for CG#1 on 9/20/19 renewed on 11/26/19; for CG#3 lapsed on 9/18/19 and renewed on 11/26/19.

Foster Family Home	Quality Assurance	[11-800-50]
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50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- The Emergency Preparedness Plan form is blank in home binder. No signatures of CG#1, CG#2, and CG#3.

Maribel Nakamine, RN

Compliance Manager

Michelle Bolibol

Primary Care Giver

Date

3/2/2020

3/2/2020

Date